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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of
SHIBA et al.
Application Number: 10/772,447
Filed: February 6, 2004
For: IMAGE DISPLAY DEVICE
ATTORNEY DOCKET NO. NITT.0185



Unit 1772
Examiner
Hon, Sow Fun

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

☒ The fee for submission of claims is calculated as shown below:

| FOR | TOTAL WITH NEW CLAIMS ADDED | TOTAL CURRENTLY ON FILE | CLAIMS ALREADY PAID | RATE | CALCULATION |
|---|-----------------------------------|-------------------------------|------------------------|--------------|-------------|
| Total Claims | 25 | 25 | 5 (Over 20) | x \$50 | 0 |
| Independent Claims | 3 | 3 | (Over 3) | x \$200 | 0 |
| MULTIPLE DEPENDENT CLAIM(S) | | | | + \$360 | 0 |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). | | | | x ½ | |
| | | | | TOTAL | 0 |

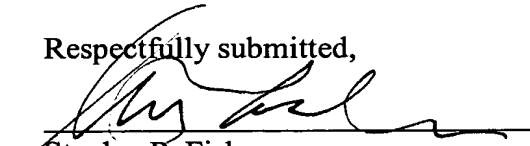
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

☒ Response to Office Action
(with Claim Amendments)
☐ Substitute Specification
☐ Preliminary Amendment
☐ Information Disclosure Statement

☒ Petition for Extension of Time for 2 months
☐ Terminal Disclaimer
☐ Letter to Draftsperson
☐ Assignment
☐ Other _____

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$450.00** for the 2-month extension fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,



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